

REAL ESTATE VERIFICATION

TO: (Names and address)

DATE: _____

Phone # _____

FAX # _____

PARCEL #/LEGAL DESCRIPTION:

Applicant/Participant Name: _____ Social Security #: _____

The individual named directly above is an applicant/tenant of the Federal Housing Tax Credit Program. Federal regulations require that we must verify income in order that the anticipated gross income for the next twelve months may be calculated. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely, _____

Applicant/Resident Signature

RETURN THIS FORM TO:

TO BE COMPLETED BY ASSESSOR: (please include all properties for the person(s) listed above.)

Parcel Number	Assessed Value	Average Assessment Ratio	Fair Market Value
1.			
2.			
3.			
4.			
5.			

COMMENTS: _____

Signature of Person Verifying Information: _____ Telephone Number: _____

Title: _____ Date: _____